

5/1/14

Bulletin No. 14-12

P-2344 B

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## **P-2344 Deferments or Modifications (Continued)**

### **B. Medical Deferment or Modification of Work Requirement**

#### **a. Active Reach Up participant**

1. Participant requests a medical deferment/modification:
  - i. Case manager gives participant the 210 TMD to be completed by the participant's health care provider. Enter participation code "01" on WORK.
  - ii. List return of completed 210 TMD as an activity on the participant's FDP with a deadline of 10 days.
  - iii. The next appointment should be scheduled for the due date of the 210 TMD.
2. If 210 TMD is not returned, case manager determines good cause. If good cause exists, re-assign return of completed 210 TMD as an activity on FDP. If good cause does not exist:
  - i. For participants with less than 58 months of assistance, the case moves to conciliation or sanction.
  - ii. For participants who have received 58 months of assistance and are currently in their 59<sup>th</sup> month, send appointment letter to talk to participant about impending consequences for continued noncompliance (do not conciliate or sanction).
  - iii. For participants who are in their 60<sup>th</sup> or more month, close the grant no earlier than the end of the participant's 60<sup>th</sup> month.
3. If 210 TMD is returned but is incomplete, case manager calls the participant's provider to gather the missing information. If the information cannot be gathered within 5 business days, take the following steps depending on how many countable months of assistance the participant has received:
  - i. For a participant who has less than 60 countable months of assistance, they will need to begin meeting their work requirement immediately; or
  - ii. For a participant who has at least 60 countable months of assistance, the case manager will contact the participant and give them the option of participating in a CSP. If they don't comply, send an email to the eligibility staff and Team Leader requesting that the case be closed immediately. CATN.
4. 210 TMD indicates 60 day or less deferment/modification is needed
  - i. Case Manager enters deferral code 33 in WORK C.
  - ii. Enter a review date that matches the number of months on the 210 TMD (remember that end dates must always be at the end of a month).
  - iii. For a participant who has less than 60 countable months of assistance, they will need to begin meeting their work requirement the day after the deferment ends.
  - iv. For a participant who has 60 or more countable months of assistance, the participant must begin to participate in employment or a community service placement (or other

5/1/14

Bulletin No. 14-12

P-2344 B p.2

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countable work activities, if necessary) the next business day after the deferment ends or he/she will be terminated from the Reach Up program.

5. 210 TMD indicates 60 day or more deferment/modification is needed
  - i. Case manager scans the 210 TMD, the MRT consultation form and any other pertinent documents (e.g., assessments that have been completed, other documentation that support the deferment or modification). Send email to AHS – DCF - ESD Reach Up MRT@state.vt.us, cc the Team Leader and VR Program Coordinator if active in the VR Program.
  - ii. Enter deferral code 33 in WORK C, with a review date 60 days from the date the deferment was requested.
6. When the medical social worker/nurse receives the 210 TMD
  - i. The medical social worker/nurse reviews the 210 TMD and other pertinent documents to ensure all information and signatures are on the forms. The medical social worker/nurse gathers all medical/treatment records from all providers.
  - ii. The medical social worker/nurse reviews the medical/treatment records and summarizes them on the MRT consultation form.
  - iii. The medical social worker/nurse gives all case-related documents to the designated physician/health care provider for their decision.
  - iv. The medical social worker/nurse will return the physician's decision to the case manager (cc Team Leader and the VR Program Director if applicable) within 5 business days of having received the forms.
  - v. If the deferment or modification is granted, it will include activities that the participant must engage in to address the need for deferment or modification, and also a deadline for when follow-up documentation will be needed again to determine if the deferment or modification should continue.
  - vi. If the deferment or modification is denied, the case manager must notify the participant in writing within 5 business days of the denial, outlining in the denial letter (614DD) what the person must do to remain eligible for financial assistance if they have received over 60 months of assistance. (see P-2201 L for time frames by which participant must be engaged in a CSP or employment).

b. Reach Up applicant who has received 60 months of countable, cumulative assistance

1. Applicant requests a medical deferment/modification
  - i. Case manager gives applicant the 210 TMD to be completed by the applicant's health care provider. Enter participation code "01" on WORK.
  - ii. List return of completed 210TMD as an activity on the applicant's FDP with a deadline of 10 days.
  - iii. The next appointment should be scheduled for the due date of the 210 TMD.

5/1/14

Bulletin No. 14-12

P-2344 B p.3

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2. If 210 TMD is not returned, case manager first checks OnBase for the forms. If the forms are not in OnBase, case manager sends an email to the eligibility staff and Team Leader requesting that the application be denied. CATN.
3. 210 TMD is returned—indicates the applicant is not eligible for a deferment/modification
  - i. Case manager contacts the applicant informing them that they must participate in a CSP or employment (or other countable work activities, if necessary) for 2 weeks in order to receive their benefits.
4. 210 TMD is returned but is incomplete
  - i. Case manager calls the applicant's provider to gather the missing information.
  - ii. If information cannot be gathered in 5 business days, case manager will contact applicant and give them the option of participating in a CSP. If they don't comply for the two-week period (see P-2201 L(10)), send an email to the eligibility staff and Team Leader requesting that the application be denied. CATN.
5. 210 TMD indicates 60 day or less deferment/modification is needed
  - i. Enter deferral code 33 in WORK C.
  - ii. Enter a review date that matches the number of months on the 210 TMD (remember that the end dates must always be at the end of a month).
  - iii. Send an email to the eligibility staff and Team Leader requesting that the application be approved. CATN.
  - iv. The next business day after the deferment ends, the participant must engage in employment or a community service placement or he/she will be terminated from the Reach Up program.
6. If the applicant states that the medical condition will not be resolved within the first 60 days, case manager sends the original 210 TMD with the MRT consultation form to the medical social worker/nurse. (See section a(6) above, "When the medical social worker/nurse receives the 210 TMD").
7. 210 TMD indicates more than 60-day deferment/modification is needed
  - i. Case manager scans the 210 TMD, the MRT consultation form and any other pertinent documents (e.g., assessments that have been completed, other documentation that support the deferment or modification). Send email to AHS – DCF - ESD Reach Up MRT@state.vt.us, the medical social worker cc Team Leader and VR Program Coordinator if active in the VR Program.
  - ii. Enter deferral code 33 in WORK C, with a review date that matches the number of months on the 210 TMD or 60 days, whichever is less.
  - iii. Send an email to the eligibility staff and Team Leader requesting that the application be approved.
8. When the medical social worker/nurse receives the 210 TMD: see section a(6) above.

5/1/14

Bulletin No. 14-12

P-2344 B p.4

c. Participant submits two 210 TMDs while active or applying for assistance

1. If a participant submits a 210 TMD stating a deferment or modification is needed for 30 days or less, and then submits a second 210TMD when the first deferment or modification ends which gives them another 30-day or more deferment or modification, this second 210 TMD should be sent to the medical social worker/nurse.
2. Case Manager scans the 210 TMD, the MRT consultation form and any other pertinent documents (e.g., assessments that have been completed, other documentation that support the deferment or modification). Send email to AHS – DCF – ESD Reach Up MRT@state.vt.us, cc Team Leader and VR Program Coordinator if active in the VR Program.

d. MRT has granted the deferment or modification

1. Code the participant 34 in ACCESS (WORK C) and add a review date. The end date should always be the last day of the month, never mid-month.  
*Example: A deferment is given on 05/16/14; the end date of a 3 month deferment is given, should be 08/31/14.*
2. Case manager should send themselves a TODO one month before the deferment/modification is scheduled to end to remind them to give the participant the 210 TMD.
3. Case Manager will scan the 210 TMD, the MRT consultation form and any other pertinent documents (for example, assessments that have been completed, other documentation that support the deferment or modification). Send email to AHS - DCF - ESD Reach Up MRT@state.vt.us, cc Team Leader and VR Program Coordinator if active in the VR Program.

e. Retaining the Deferment or Modification

1. The participant must participate in activities as outlined by the medical review team in their FDP.  
*Example: A deferment given based on a substance abuse problem would require participation in substance abuse counseling to remain in place.*
2. Participants will have to return the treatment logs from the providers bi-weekly to verify compliance with the treatment.
3. If at any time a participant with less than 60 countable months of assistance does not comply with their FDP activities and does not have good cause, they lose their deferment and the case manager should proceed to conciliation or sanction.

**NOTE: For participants who are in their 59<sup>th</sup> month of assistance (SPEC C CLOCK shows 58 countable months), send appointment letter to talk to participant about impending consequences for continued noncompliance (do not conciliate or sanction) (see P- 2344 C(c)(2)).**

*Example 1: Participant misses a counseling appointment because they just didn't want to go. They have no more available conciliations and have received 56 months of assistance. They would lose their deferment and be sanctioned.*

*Example 2: Participant misses a counseling appointment because their child was ill and had to go to the doctor. They retain their deferment.*

5/1/14

Bulletin No. 14-12

P-2344 B p.5

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*Example 3: Participant misses a counseling appointment because they just didn't want to go. They have received 58 months of assistance. They would lose their deferment and be sent an appointment letter to discuss impending consequences for continued noncompliance.*

4. If at any time a participant in their 60<sup>th</sup> or more countable months of assistance does not comply with their FDP activities and does not have good cause, the grant must be closed immediately for non-compliance, with a 2-month break in benefits.

*Example 1: Participant misses a counseling appointment because they just didn't want to go. Their case would close for non-compliance with a 2-month break in benefits.*

*Example 2: Participant misses a counseling appointment because their child was ill and had to go to the doctor. Their case would remain open because they had good cause.*